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Application Number: 09/993,370

Filing Date: 11/16/2001

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- 1. Fee Transmittal
- 2. Preliminary Amendment

Total Pages Transmitted: 9 (571) 273-8300 MS1-953US Confirmation No. 5758

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Under the Panament's Reduction Act of 1995 no beginns are required to reacond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act. 2006 (H.R. 4818). Application Number 09/993,370 ansmi 11/16/2001 Filing Date Paul England et al. For FY 2005 First Named Inventor Dinh, Minh Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2132 Art Unit TOTAL AMOUNT OF PAYMENT MS1 - 953US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order _i None Other (please identify): Lee & Hayes, PLLC Deposit Account Deposit Account Number 12-0769 Deposit Account Nama: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below. Charge any accimonal fee(s) or underpayments of fee(s) Credit any overpayments Charge any average under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2018. FEE CALCULATION 1. Basic Filing, Search, and Examination Fees **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity **Small Entity** Eggs Paid (\$) Application Type Fee (8) Feo (§) Fee (5) <u>Fea_(%)</u> F69 (8) Fee (8) 300 200 Utility 150 500 250 100 130 200 100 65 Design 100 50 Plant 200 100 300 150 160 នស 300 150 500 600 300 250 Reissue 200 100 ۵ **Provisional** 2. EXCESS CLAIM FEES Satall Entity Fee (8) Fee (8) <u>Fee Description</u> 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims Total Claims Fee (8) Fee Paid (8) Multiple Dependent Claims Extra Claims Fee Paid (§) - 20 or HP = <u>50</u> Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (§) Indep. Claims Extra Claims Fee (3) 200 HP = highest number of Independent claims paid for, if greater than 3 If the specification and drawings exceed 100 sheets of paper, the application size fee duc is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Siveriz Number of each additional 50 or fraction thereof <u> Faa Pald (위)</u> (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBRATTED BY

PLL

Name (Print/Type) Allan T. Sponseller

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pater and Tradamerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Application Serial No	09/993.370
Filing Date	November 16, 2001
Inventor	Paul England et al.
Group Art Unit	2132
Examiner	Dinh, Minh
Attorney's Docket No.	MS1-953US
Confirmation No.	5758
Title: Manifest-Based Trusted Agent Management in a Trusted Operating System	
Environment	

PRELIMINARY AMENDMENT

To:

Commissioner for Patents

PO Box 1450

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From:

Allan T. Sponseller (Tel. 509-324-9256; Fax 509-323-8979)

Customer No. 22801

Sir:

Applicant respectfully requests that this amendment be entered prior to examination of the above-identified application.

A detailed listing of the claims is provided below. A status identifier is provided for each claim in a parenthetical expression following each claim number.